



# BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

2535 CAPITOL OAKS DRIVE, SUITE 205  
SACRAMENTO, CALIFORNIA 95833-2945  
TELEPHONE (916) 263-7800; FAX (916) 263-7855  
INTERNET ADDRESS: <http://www.bvnpt.ca.gov>



## Address Change Request Form

Address Changes are required to be reported to the board within 30 days.

Please mail or fax this form to the board to change your address.

(Print or Type)

|                                                                                          |                             |                                                                                                |                             |
|------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------|-----------------------------|
| Vocational Nurse<br><input type="checkbox"/> Applicant <input type="checkbox"/> Licensed |                             | Psychiatric Technician<br><input type="checkbox"/> Applicant <input type="checkbox"/> Licensed |                             |
| Name (Last) (First) (Middle)                                                             |                             |                                                                                                | Social Security No.         |
| Old Address (Street or Box Number)                                                       |                             |                                                                                                | Apt. No.                    |
| City                                                                                     |                             | State                                                                                          | Zip Code                    |
| New Address (Street or Box Number)                                                       |                             |                                                                                                | Apt. No.                    |
| City                                                                                     |                             | State                                                                                          | Zip Code                    |
| File or License Number<br>(If Applicable)                                                | Birthdate<br>Month/Day/Year | Telephone<br>Business (    )<br>Home (    )                                                    |                             |
| Signature (Required)<br><br>Signature                                                    |                             |                                                                                                | Date (Required)<br><br>Date |

Additional Concerns or Comment: \_\_\_\_\_

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## **Notice on Collection of Personal Information For Applicants and Licensees**

**Collection and Use of Personal Information.** The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 30 (General Provisions); Business and Professions Code Division 2, Chapter 6.5, Articles 1 & 2 (Vocational Nursing Practice Act) and Chapter 10, Articles 1 & 2 (Psychiatric Technicians Law); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses) and Chapter 2 (Psychiatric Technicians). The BVNPT uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The BVNPT cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** The BVNPT makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Board of Vocational Nursing and Psychiatric Technicians, 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833, (916) 263-7800 or email [bvnpt@dca.ca.gov](mailto:bvnpt@dca.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Suite N 324, Sacramento, CA 95834, (866)785-9663 or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).